State Health Insurance Assistance Program (SHIP)
Health Insurance Counseling and Advocacy Program (HICAP)

Consumer Satisfaction Survey Regarding the Medicare Prescription Drug Discount Card Program

CDA (REV 7/04)

This survey is requested by the federal Centers for Medicare and Medicaid Services (CMS). The purpose of this survey is to gather information on the quality and scope of HICAP/SHIP services and information about your own experience with the Medicare-Approved Drug Discount Card and Transitional Assistance Program. This survey takes approximately three minutes to complete. Thank you in advance for your participation.

YOUR CITY:	**YOUR STATE:**	**YOUR AGE:**	**YOUR GENDER:**
	California		☐ Male ☐ Female

1. For which of the following issue areas did you contact HICAP/SHIP? (You may check more than one)

☐ Medicare ☐ Medigap (Medicare supplemental insurance)
☐ Medicare Advantage (formerly Medicare + Choice) ☐ Medi-Cal (Medicaid)
☐ Medicare Prescription Drug Assistance Card ☐ Long Term Care Insurance ☐ Other

2. Did you get the information you needed during your counseling?

☐ Yes ☐ No ☐ Undetermined at this point

3. How would you rate the quality of the services you received?

☐ Excellent ☐ Above Average
☐ Average ☐ Below Average

4. Are you getting assistance from HICAP/SHIP in purchasing your prescriptions through one of the following?

☐ Medicare-Approved Drug Discount Care with Transition Assistance (with credit)
☐ Medicare-Approved Drug Discount Card ☐ Medi-Cal (Medicaid)
☐ California Prescription Drug Discount Program for Medicare Recipients
☐ Other Source ☐ None

5. Approximately how much did you spend per month for prescriptions during the first six months of this year?

$_____ per month

6. How much do you currently spend each month for your prescriptions?

$_____ per month

7. Would you be willing to be contacted by a HICAP staff person to provide additional information?

☐ Yes ☐ No

8. Would you be willing to be contacted by a person from Medicare?

☐ Yes ☐ No

_____ **NAME:**

_____ **PHONE:**

_____ **E-Mail Address:**

_____ **SIGNATURE:**
(My signature indicates consent to be contacted by persons as specified in item 7 and/or 8)

_____ **DATE:**

Thank you for your time and information.